



Children's University

Subhash Chandra Bose ShikshanSankul,

Near Chh-5 Children's University Circle, Sector-20, Gandhinagar-382021

Phone no: 23244569,23244576 Website: www.cugujarat.ac.in

Form for Applying Official Transcript

(Please fill up in Block Letter)

- Name of the Applicant: _____
(As per Marksheet) Surname Name Father's Name
- Permanent Residential Address: _____

- Name of the Institute/Department: _____
- Name of the Examination Passed: _____
- Month and Year of Passing: _____
- Student UIDNo. : _____
- Mobile. No. : _____ E-mail ID: _____
- Purpose for which transcript is required: _____
- No. of copies required : _____
- Fee Rs. _____ offline Mode/Online Mode (Receipt Attached)
Date: _____
- Name & Address of the University/Institute/Employer/Student (In Capital latter) to whom transcript is required to be sent (Attached a separate list, if required)
- If, the Transcript required to collect Personally : Name _____
Mobile. No. : _____

Date:

(Signature of the applicant)

Note : Submit application form along with

- 1) Fees receipt
- 2) All Semester Marksheet copy
- 3) Transcript form
- 4) If Transcript send out side them WES form (If Required)

For Office Use Only

_____ passed the _____ examination held in _____
20____ under Student UIDNo. _____. The application is in order and the payment has
been verified. The Candidate may be issued with Transcript Certificate.

Entered on Page _____ at Sr. No. _____ of the Certificate issue Register.

Jr. Clerk

Deputy Registrar,
Examination Section